



## South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

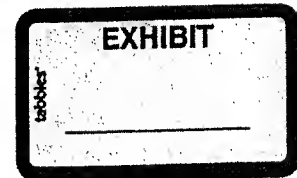
Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com)

<http://nursingfacility.sd.gov>

### APPLICATION FOR INITIAL LICENSURE



#### Please submit the following:

1. Completed application;
2. Nonrefundable application fee of \$300 and state examination fee of \$100;
3. A copy of your driver license or equivalent birth verification;
4. If applicable, verification of any name change;
5. A certified copy of your transcripts verifying completion of at least an associate degree;
6. A certified copy of your passing score of the Nursing Home Administrators Licensing Examination administered by the National Association of Long Term Care Administrator Boards (NAB) *(This must be sent directly from NAB to our office and the applicant must have passed the NAB exam within four years preceding the date of application)*
7. A copy of the South Dakota state examination passing score *(Applicant must have passed the state exam within four years preceding the date of application)*;
8. If applicable, a verification letter from each state in which you have been licensed *(This letter must be sent directly from your state board to our office)*;
9. Criminal background check (enclosed or sent separately). Criminal background check instructions: To request fingerprint materials, please call the Board office or send your request via email. Completed fingerprint cards must be submitted with a \$43.25 fee made payable to the South Dakota Division of Criminal Investigation.

Name (First, Middle and Last): Daniel Mark Guericke E-mail: dmguericke@gmail.com  
Address: PO Box 44 308 North Maple Street S DOB: 10/22/1957  
City: White Lake State: SD Zip: 57383 Phone: (605) 249-2282  
Nursing Facility Name: Aurora Brule Care And Rehab Phone: (605) 249-2216  
Physical Address: 408 South Johnston Street Mailing address: 408 South Johnston Street  
City: White Lake State: SD Zip: 57383

#### Education:

Name of Educational Institution: University of South Dakota  
City Vermillion State SD Zip 57069  
Dates attended: From 09/15/1975 to 05/30/1979 Date Graduated: 05/20/1979  
Degree: Bachelor of Science

#### Please answer the following questions:

1. Are you the spouse of a member of the armed forces of the United States? Yes No ☒
2. If yes, was your spouse the subject of a military transfer to South Dakota and did you leave employment to accompany your spouse to South Dakota? Yes No
3. Are you currently more than \$1,000 behind in child support payments? Yes No ☒
  - a. If yes, please attach documentation from the South Dakota Department of Social Services (DSS) of your arrangements with the DSS for payment of any accumulated arrearages.

4. Do you currently hold a valid license issued by a different state or the District of Columbia to practice as a Nursing Facility Administrator? Yes No ☒

If applicable, please submit the following information for each state in which you have been licensed. *You must also submit a certified letter verifying the license number and status of your license from the board of nursing facility administrators in each state in which you have been licensed. These letters must be sent directly to our office.*

STATE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ STATUS \_\_\_\_\_  
STATE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ STATUS \_\_\_\_\_

5. Do you practice as a Nursing Facility Administrator:

☒ Full-Time ☐ Part-Time ☐ Temporary ☐ Retired/Not Working

**Please select one of the following: Please attach the appropriate verification to this application.**

I have completed a practicum in long-term healthcare administration from a higher education institution accredited by an organization recognized by the Council for Higher Education Accreditation within the four years preceding the date of application. Verification of completion of this practicum is attached to this application (verification must be provided by your college or university); OR

I have completed an Administrator-In-Training (AIT) program with a minimum of 240 hours within six consecutive months. This AIT program was completed within the four years preceding the date of application. Verification of this AIT program, including date of completion and number of hours of the AIT program is attached to this application (verification must be provided by your employer, preceptor or state board); OR

- ☒ I intend to complete an Administrator-In-Training (AIT) program with a minimum of 240 hours within six consecutive months. I have completed and enclosed the Preceptor and Administrator In Training (AIT) Agreement, found on the Board's website, which has been signed by my preceptor and by me.

<b><u>CRIMINAL HISTORY</u></b>		(circle one)
1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a felony?		Yes <input checked="" type="radio"/> No
If YES, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation.		
2. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?		Yes <input checked="" type="radio"/> No
3. Is there any pending criminal prosecution against you?		<input checked="" type="radio"/> Yes <input type="radio"/> No
4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?		Yes <input checked="" type="radio"/> No
5. Has any license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?		Yes <input checked="" type="radio"/> No
6. Have you ever been denied a license to practice in another state?		Yes <input checked="" type="radio"/> No
7. Have you ever appeared or been requested to appear before any licensing board concerning any violation of law or regulation of any state district, territory or province of the United States or Canada?		Yes <input checked="" type="radio"/> No

8. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	Yes <input type="radio"/> No <input checked="" type="radio"/>
9. Have you ever been subject to proceedings by a professional society to revoke, reduce or restrict membership?	Yes <input type="radio"/> No <input checked="" type="radio"/>
10. Have you ever received care or treatment for abuse or misuse of alcohol or any chemical substance?	Yes <input type="radio"/> No <input checked="" type="radio"/>
11. Have you ever received care or treatment for an emotional or mental condition or illness?	Yes <input type="radio"/> No <input checked="" type="radio"/>
12. Do you currently owe child support arrearages in the amount of \$1,000 or more?	Yes <input type="radio"/> No <input checked="" type="radio"/>
13. Were you subject to any ethical violations while enrolled in school?	Yes <input type="radio"/> No <input checked="" type="radio"/>
14. Have you ever been released from the military by any means other than an honorable discharge?	Yes <input type="radio"/> No <input checked="" type="radio"/>
15. Are you in any way using fraud or deception in applying for a license to practice in South Dakota?	Yes <input type="radio"/> No <input checked="" type="radio"/>
For 2-15 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send ALL supporting applicable documents. You must attach supporting documents to the signed and dated explanation. Please put supporting documents in chronological order (most recent first).	

**National Examination:** The national examination for licensure for a Nursing Facility Administrator is administered by the National Association of Boards of Examiners of Long Term Care Administrators (NAB). You will need to apply to take the exam online at [www.nabweb.org](http://www.nabweb.org). The Prometric testing centers are located in Sioux Falls and Rapid City. After you apply and before taking the test, you can access the website for "Information for Candidates Nursing Home Administrator Handbook" as well as practice exams. All fees will be paid directly to NAB at the time of application. *An applicant who has failed the national examination is entitled to reexamination a maximum of three times upon payment of the applicable fees. If unsuccessful after four attempts, the applicant may petition the board for reconsideration.*

**State Examination:** The South Dakota State exam is administered online and activated by the Board. When you submit this application with the required fee, the Board will activate your exam and an email containing the examination access information will be automatically sent to the email provided on this application. The examination will test over the Administrative Rules of South Dakota (ARSD) 20:44. You can find ARSD 44:04 on the SD Legislative Research Council website at <http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=44:04&Type=All>. *An applicant who has failed the state examination is entitled to reexamination a maximum of three times upon payment of the applicable fees. If unsuccessful after four attempts, the applicant may petition the board for reconsideration.*

*I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I am aware that any misstatements of material facts may cause rejection of my application. I have no objection to inquiries being made for the purpose of verifying the statements made herein.*

Daniel M. Duvick 12-21-2017  
Signature of Applicant Date

Sworn to before me this 21<sup>st</sup> day of December, 20 17.

Kelvin V. Vannoy My Commission Expires: 8-19-2020  
Notary Public Signature

(SEAL)

For Office Use Only: Check # 6970 Amount \$300  
6984 \$100 Date \_\_\_\_\_

To Whom It May Concern:

Aurora Brule Care and Rehab has an opening for an Administrator for the facility and I have been granted this position by the board of directors for this agency.

I began my professional career as a secondary teacher for the White Lake School. I was eventually named to be the Secondary Principal and later became the Superintendent. I worked for the White Lake District for 13 years. For the next 24 years I was employed by the Mid-Central Educational Cooperative. I was the Director for 22 of the 24 years.

I have a Bachelors of Science degree in Earth Science from the University of South Dakota and masters of education degree from South Dakota State University. I have also completed post graduate work. I have served on several state wide groups, agencies, and boards.

During the fall of 2015, the Business Manager of the cooperative and his family died as a result of a murder suicide. Due to the nature of these deaths an investigation was conducted. During the course of this investigation the Attorney General has charged me with submitting false evidence and conspiring to submit false evidence. It is alleged that during the course of an audit of the South Dakota Department of Education by Legislative Audit, four contracts were submitted by the Mid- Central Cooperative that had been recreated and back dated. All four contracts had been submitted, voted on and approved by the governing board of the cooperative. The work specified had also been completed satisfactorily and had been paid for. There are no allegations that I misappropriated any funds or that I had any knowledge of such.

I vehemently deny any wrongdoing and have entered a plea of innocent as I await my trial date. My trial is not scheduled to be held until mid-June of 2018.

I am very honored to be asked to serve in this capacity and anxiously await your response.

Sincerely,

A handwritten signature in cursive script that reads "Dan Guericke".

Dan Guericke

**FILED**

APR 13 2016

STATE OF SOUTH DAKOTA *Melotah D. Puffer* IN CIRCUIT COURT  
CHARLES MIX COUNTY CLERK OF COURTS  
FIRST JUDICIAL CIRCUIT COURT OF SD  
COUNTY OF CHARLES MIX )  
FIRST JUDICIAL CIRCUIT

STATE OF SOUTH DAKOTA,  
Plaintiff,

vs.

STACY LEE PHELPS,  
DOB: 09/27/1973

and

DANIEL MARK GUERICKE,  
DOB: 10/22/1957

Defendants.

CRIM. NO. 16-102 AND 16-103

**INDICTMENT**

**Count 1**

**FALSIFICATION OF EVIDENCE**  
(A Class 6 Felony)

**Count 2**

**FALSIFICATION OF EVIDENCE**  
(A Class 6 Felony)

**Count 3**

**FALSIFICATION OF EVIDENCE**  
(A Class 6 Felony)

**Count 4**

**FALSIFICATION OF EVIDENCE**  
(A Class 6 Felony)

**Count 5**

**CONSPIRACY TO OFFER  
FORGED OR FRAUDULENT EVIDENCE**  
(A Class 5 Felony, punishable as  
a Class 6 Felony)

**Count 6**

**CONSPIRACY TO OFFER  
FORGED OR FRAUDULENT EVIDENCE**  
(A Class 5 Felony, punishable as  
a Class 6 Felony)

	<p style="text-align: center;"><b>Count 7</b></p> <p style="text-align: center;"><b>CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE</b> (A Class 5 Felony, punishable as a Class 6 Felony)</p> <p style="text-align: center;"><b>Count 8</b></p> <p style="text-align: center;"><b>CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE</b> (A Class 5 Felony, punishable as a Class 6 Felony)</p>
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**THE CHARLES MIX COUNTY GRAND JURY CHARGES:**

That in the County of Charles Mix, State of South Dakota, Defendants did commit the public offenses of:

**Count 1**

**FALSIFICATION OF EVIDENCE**, in violation of SDCL 22-12A-16, in that on or between August 10, 2015 and August 11, 2015, STACY LEE PHELPS did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2013 through September 30, 2014, with the intent to produce it or allow it to be produced as

genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

**Count 2**

**FALSIFICATION OF EVIDENCE**, in violation of SDCL 22-12A-16, in that on or between August 10, 2015, and August 11, 2015, STACY LEE PHELPS did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2014 through September 30, 2015, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

**Count 3**

**FALSIFICATION OF EVIDENCE**, in violation of SDCL 22-12A-16, in that on or about August 9, 2015, DANIEL MARK GUERICKE did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2013 through September 30, 2014, with the intent to produce it or allow it to be produced as

genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

**Count 4**

**FALSIFICATION OF EVIDENCE**, in violation of SDCL 22-12A-16, in that on or about August 9, 2015, DANIEL MARK GUERICKE did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2014 through September 30, 2015, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

**Count 5**

**CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE**, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or about the month of August, 2015, Dan Guericke, Stacy Phelps, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or investigation authorized by law, a paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, to wit: Dan Guericke, Stacy Phelps, Scott Westerhuis, and Nicole Westerhuis



did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2013 through September 30, 2014, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. Dan Guericke signed and backdated the aforementioned contract at the MCEC office in Charles Mix County.
2. On August 10, 2015, Scott Westerhuis, from Charles Mix County, did email the aforementioned contract to Stacy Phelps for the purpose of Stacy Phelps signing and backdating the contract.
3. Stacy Phelps signed and backdated the aforementioned contract and emailed the backdated contract to Scott Westerhuis in Charles Mix County.
4. Nicole Westerhuis did, from Charles Mix County, upload the backdated contract to MCEC's online storage.

#### **Count 6**

**CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE**, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or about the month of August, 2015, Dan Guericke, Stacy Phelps, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or

investigation authorized by law, a paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, Dan Guericke, Stacy Phelps, Scott Westerhuis, and Nicole Westerhuis did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2014 through September 30, 2015, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. Dan Guericke signed and backdated the aforementioned contract at the MCEC office in Charles Mix County.
2. On August 10, 2015, Scott Westerhuis, from Charles Mix County, did email the aforementioned contract to Stacy Phelps for the purpose of Stacy Phelps signing and backdating the contract.
3. Stacy Phelps signed and backdated the aforementioned contract and emailed the backdated contract to Scott Westerhuis in Charles Mix County on August 11, 2015.
4. Nicole Westerhuis did, from Charles Mix County, upload the backdated contract to MCEC's online storage.

**Count 7**

**CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE**, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or the month of September 2015, Dan Guericke, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or investigation authorized by law, a book, paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, to wit: Dan Guericke, Scott Westerhuis, and Nicole Westerhuis did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and Rick Melmer, for service dates July 1, 2013 through June 30, 2014, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. On September 14, 2015, at 3:37 a.m., Scott Westerhuis sent an email to Rick Melmer stating, "[h]i Rick, this is what the original one [presumably meaning Melmer's employment contract] would have looked like."
2. On September 14, 2015, at 7:14 a.m., Rick Melmer, sent a reply email to Scott Westerhuis and Dan Guericke, stating that Melmer was "concerned about the fact that MCEC does not have the proper documentation in place-signed and ready for review" and that "[i]t may be hard to defend

but I think it is important to be honest about what you have and what you don't have in place."

3. At around 9:00 a.m. on September 14, 2015, Scott Westerhuis called Lloyd Persson. Scott Westerhuis informed Persson that he had found a couple of employment contracts and that had not been signed by Persson while Persson was Chairman of the MCEC Board.
4. On September 14, 2015, Guericke drove to rural Aurora County where Persson was working. Guericke arrived at approximately 10:00-10:30 a.m. and parked alongside the field that Persson was working. Guericke informed Persson that the two contracts were employment contracts for Rick Melmer and Keith Moore. Guericke placed the two contracts on the hood of his vehicle and requested that Persson sign and backdate each of the contracts. Persson complied by signing and backdating the employment contracts.
5. On September 14, 2015, Guericke returned to MCEC's office with the backdated contracts.
6. On September 14, 2015, at 11:43 a.m., Nicole Westerhuis emailed the backdated contracts to the Department of Legislative Audit with a carbon copy to two South Dakota Department of Education employees and to Scott Westerhuis.

**Count 8**

**CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE**, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or the month of

September 2015, Dan Guericke, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or investigation authorized by law, any book, paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, to wit: Dan Guericke, Scott Westerhuis, and Nicole Westerhuis did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and Keith Moore, for service dates July 1, 2013 through June 30, 2014, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. On September 14, 2015, at 3:37 a.m., Scott Westerhuis sent an email to Rick Melmer stating, "[h]i Rick, this is what the original one [presumably meaning Melmer's employment contract] would have looked like."
2. On September 14, 2015, at 7:14 a.m., Rick Melmer, sent a reply email to Scott Westerhuis and Dan Guericke, stating that Melmer was "concerned about the fact that MCEC does not have the proper documentation in place-signed and ready for review" and that "[i]t may be hard to defend but I think it is important to be honest about what you have and what you don't have in place."
3. At around 9:00 a.m. on September 14, 2015, Scott Westerhuis called Lloyd Persson. Scott Westerhuis informed Persson that he had found a

couple of employment contracts and that had not been signed by Persson while Persson was Chairman of the MCEC Board.

4. On September 14, 2015, Guericke drove to rural Aurora County where Persson was working. Guericke arrived at approximately 10:00-10:30 a.m. and parked alongside the field that Persson was working. Guericke informed Persson that the two contracts were employment contracts for Rick Melmer and Keith Moore. Guericke placed the two contracts on the hood of his vehicle and requested that Persson sign and backdate each of the contracts. Persson complied by signing and backdating the employment contracts.
5. On September 14, 2015, Guericke returned to MCEC's office with the backdated contracts.
6. On September 14, 2015, at 11:43 a.m., Nicole Westerhuis emailed the backdated contracts to the Department of Legislative Audit with a carbon copy to two South Dakota Department of Education employees and to Scott Westerhuis.

contrary to the statute in such case made and provided against the peace and dignity of the State of South Dakota.

Dated this 13<sup>th</sup> day of April, 2016, at Lake Andes, South Dakota.

A True Bill

"A TRUE BILL"

**THIS INDICTMENT IS MADE WITH THE CONCURRENCE OF AT LEAST SIX  
GRAND JURORS.**

A handwritten signature in cursive script, appearing to read "Conrad Wagner", is written over a horizontal line.

Grand Jury Foreperson

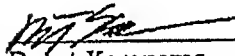
**WITNESSES WHO TESTIFIED BEFORE THE GRAND JURY IN THIS MATTER:**

Richard Melmer  
Keith Moore  
Lloyd Persson  
Jessica Huber (DLA)  
Brett Spencer  
John Griswold

ALIBI DEMAND

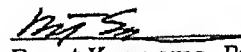
Brent Kempema, Assistant Attorney General, as prosecuting attorney in the above-entitled matter hereby states that the alleged offense was committed on the date and at the place set forth in the Indictment. I hereby request that the Defendant, by and through her attorney, serve upon me a written statement of the Defendant's intention to offer a defense of alibi within ten (10) days as provided in SDCL 23A-9-1. Failure to provide such notice of an alibi defense may result in exclusion of any testimony pertaining to an alibi defense.

Dated this 19<sup>th</sup> day of April, 2016.

  
Brent Kempema,  
Assistant Attorney General

REQUEST FOR WARRANT  
*SUMMONS*

Brent Kempema, the undersigned Prosecuting Attorney, hereby requests that a ~~Warrant~~<sup>*Summons*</sup> be issued based upon the Indictment set forth hereinabove.

  
Brent Kempema, Prosecuting Attorney  
Assistant Attorney General



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000134886861

Process Date: 05/22/2018

Page: 1 of 1

GUERICKE, DANIEL MARK

For authorized use by:

SD BOARD OF NURSING FACILITY  
ADMINISTRATORS**GUERICKE, DANIEL MARK - ONE-TIME QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GUERICKE, DANIEL MARK  
 Date of Birth: 10/22/1957 Gender: MALE  
 Organization Name: AURORA BRULE CARE AND REHAB  
 Organization Type: NURSING FACILITY/SKILLED NURSING FACILITY (389)  
 Work Address: 408 S JOHNSTON ST, WHITE LAKE, SD 57383-2255  
 Home Address: 308 N MAPLE ST, WHITE LAKE, SD 57383-2264  
 Social Security Number: [REDACTED]  
 License: HEALTH CARE FACILITY ADMINISTRATOR, NO LICENSE  
 Professional School(s): UNIVERSITY OF SOUTH DAKOTA (1979)

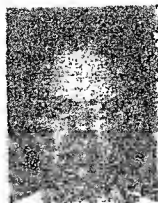
**B. QUERY INFORMATION**

Statutes Queried: Title IV; Section 1921; Section 1128E  
 Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
 Entity Name: SD BOARD OF NURSING FACILITY ADMINISTRATORS (DBID ending in ...34)  
 Authorized Submitter: LISA HARSMA, ADMINISTRATIVE ASSISTANT, (605) 224-1721

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/22/2018****The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

----- No Reports Found Based on the Subject Information Submitted -----



DOB: 10/22/1957 EXPI: 08/26/2016  
 10/22/2021

GUERICKE  
 DANIEL MARK

335 N MAPLE ST  
 WHITE LAKE, SC 29582-4206

CLASS: C SEX: P

RESTRICTIONS: BKL

HT: 5'-11" WT: 230 lb

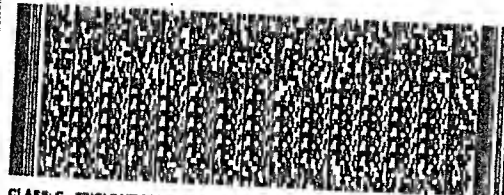
DL: 1075401120109281003363



BLD

*Dan Guericke*

DL# 1448 DE  
 04-2014-048 DE0001



CLASS: C - SINGLE VEHICLE LESS THAN 26,001 LB GVWR. INCLUDES CAR/LIGHT  
 TRUCK/MOPED  
 ENDORSEMENTS: P - PASSENGER

RESTRICTIONS: B - CORRECTIVE LENSES, K - INTRASTATE ONLY, L - FOG AIR  
 BRAKE EQUIPPED CMV

10-22-1957

Rev. 11-03-2008  
 RENEWABLE 180 DAYS PRIOR TO EXPIRATION



SOUTH DAKOTA BOARD OF NURSING FACILITY ADMINISTRATORS  
APPLICANT'S LETTER OF RECOMMENDATION  
(Professional reference may not be related to the applicant by kinship or marriage)

FROM: Robert Schroeder

TITLE: Superintendent

PLACE OF EMPLOYMENT: White Lake School District PHONE: (605) 249-2251

ADDRESS: PO Box 246 White Lake SD 57383  
Street/PO Box City State Zip Code

I, Robert Schroeder, would recommend that Dan Guericke, be given the opportunity to take the Nursing Facility Administration State and National Examinations and complete all other necessary procedures for licensure requirements.

I recommend this applicant based on the following:

Through the various leadership roles Dan and I have been involved in, I have gotten to know him quite well.

Dan held the position of Director of the Mid-Central Educational Cooperative for many years. In this capacity, Dan supervised many individuals who have provided our local school with outstanding special education services. Dan also worked within a budget and helped this cooperative to be a huge asset to its 13 member schools.

Dan has been integral leader in our community through his involvement on the City Council. He has played a huge part in the progress our community has made bringing in new business and improving our city's infrastructure.

Dan is also currently on the White Lake Economic Development Board. With the help of his leadership, we are hoping to help solve the housing shortage our community is currently facing.

Not only is Dan a great leader, he is an outstanding person. He is always looking for ways to share his knowledge and help. He is very active in his church and community and takes great pride in his family.

Through his leadership and personal attributes, Dan would be an ideal candidate for a Nursing Facility Administrator.

Signature Robert D. Schroeder

SOUTH DAKOTA BOARD OF NURSING FACILITY ADMINISTRATORS  
APPLICANT'S LETTER OF RECOMMENDATION  
(Professional reference may not be related to the applicant by kinship or marriage)

FROM: Sandy Stukel  
TITLE: Former DIAL Virtual School Director + MCEC Bd. alternate member  
PLACE OF EMPLOYMENT: Mid Central Educational Cooperative PHONE: 605-830-1304  
ADDRESS: 27470 Ridgewood Burke SD 57523  
Street/PO Box City State Zip Code

.....

I, Sandy Stukel, would recommend that Dan Guericke, be given the opportunity to take the Nursing Facility Administration State and National Examinations and complete all other necessary procedures for licensure requirements.

I recommend this applicant based on the following:

To Whom It May Concern:

I have known and worked with Mr. Dan Guericke for nearly 20 years through the lens of an employee and also as a Gregory school board member and alternate Mid Central Educational Cooperative board member.

In my position as a board member, I greatly respected Mr. Guericke's knowledge and expertise that he had in the education field. State and regional leaders would seek out his opinion and ideas. I admired the vision that he had for education and that first and foremost would be the needs of the students. There was never any question in my mind that all his decisions were student based and what was best for the youth in South Dakota.

His work ethic was impeccable and of rare quality. He put in countless hours and was tirelessly devoted to his job as executive director. He did all of this with a great and sincere joy for the students and his employees. What may have been most commendable was the quality of doing all of this with a most humble heart. His warm and caring concern for others was prominent and organic to his nature.

For these reasons, I would most highly recommend that Mr. Guericke be given the opportunity to take the necessary examinations and complete the procedures for licensure.

Signature

Sandy Stukel

SOUTH DAKOTA BOARD OF NURSING FACILITY ADMINISTRATORS  
APPLICANT'S LETTER OF RECOMMENDATION  
(Professional reference may not be related to the applicant by kinship or marriage)

FROM: Craig J. Dodds

TITLE: V.P.

PLACE OF EMPLOYMENT: BankWest Inc. PHONE: 605-995-6742

ADDRESS: PO Box 220 Mitchell SD 57383  
Street/PO Box City State Zip Code

I, Craig J. Dodds, would recommend that Daniel Guericke, be given the opportunity to take the Nursing Facility Administration State and National Examinations and complete all other necessary procedures for licensure requirements.

I recommend this applicant based on the following:

Dan possesses the highest level of professional and personal skills. His ability to absorb and comprehend complicated information and communicate that to his team is extraordinary. Dan's interpersonal skills as well as his team building talents elevates all of those around him to their highest levels.

Dan also has the unique ability to see and define the "big picture" and implement a plan to achieve his well defined goals both personally and organizationally. His ability to grasp and implement policies and procedures will translate to consistent and successful day-to-day operations.

Dan possesses not only the quantitative skills required to be a high performing CEO but his compassion and people skills are equally as impressive. Dan's willingness to invest himself in both his coworkers and his customers is unmatched.

Dan, in the position of AB Care and Rehab Administrator, will not only elevate the business model of AB but will greatly improve and enhance the quality of life of both the residents and the employees at the facility. Dan is truly the finest person I know and AB Care and Rehab will be fortunate to call him its administrator.

Signature Craig J. Dodds  
Page 6 of 8

# The University of South Dakota, Vermillion, SD 57069

## USD Undergraduate Transcript

Page: 1 of 1  
December 11, 2017

Guericke, Daniel Mark  
Box 44  
308 N Maple St

The University of South Dakota  
Bachelor of Science, 05/11/79  
Major: Earth Sciences  
Minor: Education

SEND TO: Daniel M. Guericke  
PO Box 44  
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1975 FALL Institutional Credit - USD					1978 SPRING Institutional Credit - USD				
BIOL 101	GENERAL BIOLOGY	4.00		A	ASTR 203	ELEMENTARY ASTRONOMY II	3.00		A
ENGL 163	INTRO TO LITERARY GENRES	3.00		B	EPSY 302	EDUCATIONAL PSYCHOLOGY	3.00		A
HIST 251	UN-HON AM HISTORY	3.00		A	ESCI 311	PRINCIPLES GEOMORPHOLOGY	3.00		B
MATH 111	ELEM MATHEMATICS	4.00		A	ESCI 261	INTRO TO PALEONTOLOGY	3.00		A
POLS 100	AMERICAN GOVERNMENT	3.00		A	HIST 367	INDIAN AMERICANS	3.00		B
TERM ATT:	17.00 CMPL:	17.00	GPA:	3.824	SEED 450	RDNG DEV IN CONTENT AREA	3.00		A
CUM ATT:	17.00 CMPL:	17.00	GPA:	3.824	TERM ATT:	18.00 CMPL:	18.00	GPA:	3.667
1976 SPRING Institutional Credit - USD					CUM ATT:	103.00 CMPL:	103.00	GPA:	3.541
BIOL 103	GENERAL BIOLOGY	4.00		A	1978 FALL Institutional Credit - USD				
CSCI 101	INTRO TO COMPUTING TECH	2.00		A	CHEM 220	ELEM ORGANIC CHEMISTRY	5.00		C
ENGL 101	COMPOSITION	3.00		A	CLHU 101	SCIENTIFIC TERMINOLOGY	2.00		D
ESCI 101	PRINC OF EARTH SCIENCE I	3.00		A	HIST 121	WESTERN CIVILIZATION	3.00		B
HIST 252	AMERICAN HISTORY	3.00		A	PHYS 111	INTRO TO PHYSICS	3.00		A
MATH 120	TRIGONOMETRY	2.00		B	PHYS 112	GENERAL PHYSICS LAB	1.00		A
TERM ATT:	17.00 CMPL:	17.00	GPA:	3.882	PSYC 101	GENERAL PSYCHOLOGY	3.00		A
CUM ATT:	34.00 CMPL:	34.00	GPA:	3.853	TERM ATT:	17.00 CMPL:	17.00	GPA:	2.882
1976 FALL Institutional Credit - USD					CUM ATT:	120.00 CMPL:	120.00	GPA:	3.443
CHEM 112	GENERAL CHEMISTRY	5.00		B	1979 SPRING Institutional Credit - USD				
ESCI 221	EARTH MATERIALS I	4.00		B	EDER 415	ED MEASUREMENTS	2.00		A
ESCI 491	PROB IN THE EARTH SCIENC	1.00		A	SEED 400	METH MEDIA SEC SCH	3.00		A
MTRO 201	METEOROLOGY	3.00		B	SEED 413	TEACHING SCIENCE	3.00		A
PHED 100	RIFLERY ARCHERY	1.00		N	SEED 488	STDT TEACHING SEC SCH	8.00		N
SPGM 101	FUND OF SPEECH	3.00		B	TERM ATT:	16.00 CMPL:	16.00	GPA:	4.000
TERM ATT:	17.00 CMPL:	17.00	GPA:	3.063	CUM ATT:	136.00 CMPL:	136.00	GPA:	3.480
CUM ATT:	51.00 CMPL:	51.00	GPA:	3.600					
1977 SPRING Institutional Credit - USD					ATT	CMPL	GPA	GRADE	GPA
CHEM 114	FUNDAMENTALS OF CHEM	5.00		B	HRS	HRS	HRS	PTS	
EDFN 238	AMERICAN EDUCATION	2.00		N	TRANSFER				0.000
ESCI 103	PRIN OF EARTH SCIENCE II	4.00		A	INSTI USD	136.00	136.00	123.00	428.00
ESCI 223	EARTH MATERIALS II	4.00		B	CUM	136.00	136.00	123.00	428.00
GFA 113	ADVENTURE IN THE ARTS	2.00		N					3.480
TERM ATT:	17.00 CMPL:	17.00	GPA:	3.308					
CUM ATT:	68.00 CMPL:	68.00	GPA:	3.540					
1977 FALL Institutional Credit - USD									
ESCI 343	EVOLUTION OF THE EARTH	4.00		B					
ESCI 491	PROB IN THE EARTH SCIENC	1.00		A					
INED 411	BI-CULT TCH MET&MATERIAL	3.00		A					
MATH 112	ELEM MATHEMATICS	4.00		B					
OGEN 301	OCEANOGRAPHY	3.00		A					
ASTR 201	ELEMENTARY ASTRONOMY I	2.00		B					
TERM ATT:	17.00 CMPL:	17.00	GPA:	3.412					
CUM ATT:	85.00 CMPL:	85.00	GPA:	3.513					

\*\*\* End of Transcript \*\*\*



*Jeffrey Thompson*  
Registrar

TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE

### RAISED SEAL NOT REQUIRED

- This official university transcript is printed on security paper.
- A security statement containing the names of the six public universities will appear when photocopied.
- A black and white document is not official.

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

# Black Hills State University, Spearfish, SD 57799

## BHSU Graduate Transcript

Page: 1 of 1  
December 11, 2017

Guericke, Daniel Mark  
Box 44  
308 N Maple St

SEND TO: Daniel M. Guericke  
PO Box 44  
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1981 SPRING	Institutional Credit - BHSU								
SPED 661	PRB/EXC: ED & TRTMNT BEHAV PRB	3.00		A					
TERM ATT:	3.00 CMPL:	3.00	GPA:	4.000					
CUM ATT:	3.00 CMPL:	3.00	GPA:	4.000					
1999 SUMMER	Institutional Credit - BHSU								
ED 652	P/E PRIN/PROC SYSTEMATIC CHNG	2.00		A					
TERM ATT:	2.00 CMPL:	2.00	GPA:	4.000					
CUM ATT:	5.00 CMPL:	5.00	GPA:	4.000					
<b>Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header</b>									
2007 SUMMER	Institutional Credit - SD Board of Regents Universities								
D CED 592	TOPICS:LAPTOP INSTITUTE	1.00		S					
TERM ATT:	1.00 CMPL:	1.00	GPA:	0.000					
CUM ATT:	6.00 CMPL:	6.00	GPA:	4.000					
	ATT HRS	CMPL HRS	GPA HRS	GRADE PTS	GPA				
TRANSFER					0.000				
INSTI BHSU	5.00	5.00	5.00	20.00	4.000				
INSTI DSU	1.00	1.00	0.00	0.00	0.000				
CUM	6.00	6.00	5.00	20.00	4.000				

\*\*\* End of Transcript \*\*\*



*April M. Meeker*  
April M. Meeker  
Director of Records

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# The University of South Dakota, Vermillion, SD 57069

## USD Graduate Transcript

Page: 1 of 1  
December 11, 2017

Guericke, Daniel Mark  
Box 44  
308 N Maple St

SEND TO: Daniel M. Guericke  
PO Box 44  
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
<b>1981 FALL Institutional Credit - USD</b>									
ALHS 601	WKSP: HLPG FAM ALC& DRUG AB	3.00		A					
	TERM ATT: 3.00 CMPL: 3.00 GPA: 4.000								
	CUM ATT: 3.00 CMPL: 3.00 GPA: 4.000								
<b>1983 SPRING Institutional Credit - USD</b>									
PHED 781	WKSP: CARE & PREV ATHL INJ	2.00		A					
	TERM ATT: 2.00 CMPL: 2.00 GPA: 4.000								
	CUM ATT: 5.00 CMPL: 5.00 GPA: 4.000								
<b>1990 SUMMER SESSION 1 Institutional Credit - USD</b>									
EDAD 712	SCHOOL DISTRICT ADMIN	3.00		A					
ELED 773	ELEMENTARY SCHOOL CURRICULUM	3.00		A					
	TERM ATT: 6.00 CMPL: 6.00 GPA: 4.000								
	CUM ATT: 11.00 CMPL: 11.00 GPA: 4.000								
<b>1990 SUMMER SESSION 2 Institutional Credit - USD</b>									
EDAD 710	ELEMENTARY SCHOOL ADMINISTRATION	3.00		A					
EDAD 731	SCHOOL BUSINESS ADMIN	3.00		A					
	TERM ATT: 6.00 CMPL: 6.00 GPA: 4.000								
	CUM ATT: 17.00 CMPL: 17.00 GPA: 4.000								
<b>Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header</b>									
<b>2007 SUMMER Institutional Credit - SD Board of Regents Universities</b>									
D CED 592	TOPICS: LAPTOP INSTITUTE	1.00		S					
	TERM ATT: 1.00 CMPL: 1.00 GPA: 0.000								
	CUM ATT: 18.00 CMPL: 18.00 GPA: 4.000								
	ATT HRS	CMPL HRS	GPA HRS	GRADE PTS	GPA				
TRANSFER					0.000				
INSTI USD	17.00	17.00	17.00	68.00	4.000				
INSTI DSU	1.00	1.00	0.00	0.00	0.000				
CUM	18.00	18.00	17.00	68.00	4.000				

\*\*\* End of Transcript \*\*\*



Jeffer Thompson  
Registrar

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE



**South Dakota State University, Brookings, SD 57007**

**SDSU Graduate Transcript**

Page: 1 of 1  
December 11, 2017

Guericke, Daniel Mark  
Box 44  
308 N Maple St

SEND TO: Daniel M. Guericke  
PO Box 44  
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1985 SUMMER SESSION I	Institutional Credit - SDSU								
CI02	888 CONV/INSTIT-GRAD		29.00	CV					
	FROM: Transfer CR - Conversion								
CT02	888 CONV/TRANSFER-GRAD		8.00	CV					
	TERM ATT: 37.00 CMPL: 37.00 GPA: 4.000								
	CUM ATT: 37.00 CMPL: 37.00 GPA: 4.000								
1992 SPRING	Institutional Credit - SDSU								
EDEN	690 SPTP-HUMAN REL II-COMM SKLL		1.00	A					
	TERM ATT: 1.00 CMPL: 1.00 GPA: 4.000								
	CUM ATT: 38.00 CMPL: 38.00 GPA: 4.000								
<b>Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header</b>									
2007 SUMMER	Institutional Credit - SD Board of Regents Universities								
D CED	592 TOPICS/LAPTOP INSTITUTE		1.00	S					
	TERM ATT: 1.00 CMPL: 1.00 GPA: 0.000								
	CUM ATT: 39.00 CMPL: 39.00 GPA: 4.000								
	ATT CMPL GPA GRADE GPA								
	HRS HRS HRS PTS								
TRANSFER	8.00 8.00 8.00 32.00 4.000								
INSTI SDSU	30.00 30.00 30.00 120.00 4.000								
INSTI DSU	1.00 1.00 0.00 0.00 0.000								
CUM	39.00 39.00 38.00 152.00 4.000								

\*\*\* End of Transcript \*\*\*



Joyce Kuyford  
Registrar

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**TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE**

**Dakota State University, Madison, SD 57042**

**DSU: Graduate Transcript**

Page: 1 of 1  
December 11, 2017

Guericke, Daniel Mark  
Box 44  
308 N Maple St

SEND TO: Daniel M. Guericke  
PO Box 44  
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
<b>Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header</b>									
2007 SUMMER	Institutional Credit - SD Board of Regents Universities								
D CED	592 TOPICS:LAPTOP INSTITUTE			1.00 S					
TERM	ATT: 1.00 CMPL: 1.00 GPA: 0.000								
CUM	ATT: 1.00 CMPL: 1.00 GPA: 0.000								
	ATT	CMPL	GPA	GRADE	GPA				
	HRS	HRS	HRS	PTS					
TRANSFER					0.000				
INSTY DSU	1.00	1.00	0.00	0.00	0.000				
CUM	1.00	1.00	0.00	0.00	0.000				
*** End of Transcript ***									



*Kathryn L. Collins*  
Kathryn L. Collins  
Registrar

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE





NATIONAL ASSOCIATION  
OF LONG TERM CARE  
ADMINISTRATOR BOARDS

First Name	Daniel
Last Name	Guericke
Exam Type	NHA-Only
Eligibility ID	000091897
Test ID	
Test Date	2018-05-21
Test Center	PSI
Original Jurisdiction	South Dakota
Result	PASS
Total Raw Score	40
Total Scaled Score	126
Raw Cut Score	34
Scaled Cut Score	113
Raw Score Customer Care Supports & Services	18
Percent Score Customer Care Supports & Services	86
Raw Score Human Resources	4
Percent Score Human Resources	67
Raw Score Finance	5
Percent Score Finance	83
Raw Score Environment	8
Percent Score Environment	80
Raw Score Management & Leadership	5
Percent Score Management & Leadership	71
Address 1	PO Box 44
Address 2	308 North Maple Street
City	White Lake
State	SD
Zip	57383
Country	US



NATIONAL ASSOCIATION  
OF LONG TERM CARE  
ADMINISTRATOR BOARDS

First Name	Daniel
Last Name	Guericke
Exam Type	CORE-Only
Eligibility ID	000091897
Test ID	
Test Date	2018-05-21
Test Center	PSI
Original Jurisdiction	South Dakota
Result	PASS
Total Raw Score	89
Total Scaled Score	139
Raw Cut Score	61
Scaled Cut Score	113
Raw Score Customer Care Supports & Services	26
Percent Score Customer Care Supports & Services	87
Raw Score Human Resources	15
Percent Score Human Resources	100
Raw Score Finance	12
Percent Score Finance	80
Raw Score Environment	7
Percent Score Environment	70
Raw Score Management & Leadership	29
Percent Score Management & Leadership	97
Address 1	PO Box 44
Address 2	308 North Maple Street
City	White Lake
State	SD
Zip	57383
Country	US

## **SD Board of Nursing Facility Administrators**

---

**From:** ClassMarker Results <do-not-reply@classmarker.com>  
**Sent:** Saturday, January 13, 2018 11:54 AM  
**To:** sdnfa@midwestsolutionssd.com  
**Subject:** Daniel Guericke - SD Nursing Facility Administrators State Exam.

### **Results for: Daniel Guericke**

Taken from IP Address: 208.53.196.108

**Group:** SD Nursing Facility Administrators State Exam.  
**Test:** SD Nursing Facility Administrators State Exam.  
**Score:** 24 out of 25 Points  
**Percentage:** 96%  
**Duration:** 1 hr 16 mins 40 secs  
**Date started:** Sat 13th Jan 2018 10:36am  
**Date finished:** Sat 13th Jan 2018 11:53am

### **Feedback:**

Congratulations, you have successfully passed the State Examination. Please do not forward this email to the Board office. These results have been emailed to the Board office through the examination software and will be processed with your application. Thank you.

**Email:** [dan@midstatesd.net](mailto:dan@midstatesd.net)

***Note:** This email is set to display score only.*



## South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com)

<http://nursingfacility.sd.gov>

### ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

**INSTRUCTIONS:** Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com). You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT:

Dan Guericke

Name of Preceptor:

Chad Struckman

Training Dates Covered by this Report:

FROM: 02 26 18  
MM DD YY

TO: 02 31 18  
MM DD YY

Name of Training Facility: Aurora Brook Care & Rehab

Training Facility Phone:

605-249-2216

Training Facility Address: 405 S. Johnston St.

Training Facility Email Address:

White Lake, SD 57383

dan@midstatesd.net

1. List assignments and departments with time spent in each (You may use additional paper if needed):

Ex. Laundry Service-8hrs: Participated in laundry sanitation and developed a process for clothing identification

Spent time in all staff areas. Met with various staff and met with all residents.

Met with nursing 4 hrs. Dieting for 2 hrs. Maintenance for 1 hr. Social services 2 hrs. Activities for 2 hrs.

2. Summary of learning experiences:

Began to get a feel of the facility and its staff and residents. Started to develop a relationship with management team, staff and residents.



3. Statement of any problems that arouse during the training:

*Made a difficult decision in regards to admission or denial for a local resident.*

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

*Became aware of relevant statutes and rules as well as past practice.*

5. Visits outside the facility, educational conferences attended:

*None*

6. MONTHLY HOURS. Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF <i>December</i> 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24	25	26 <i>8</i>	27 <i>8</i>	28 <i>8</i>	29 <i>8</i>	30
31						Total= 32 <sup>0</sup>

#### CERTIFICATION

##### ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the Board or any of its personnel.

*Daniel M. Lawrence*  
Signature of Administrator-in-Training

*2-26-18*  
Date

##### PRECEPTOR

I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

*DK Stueck*  
Signature of Preceptor

*2/26/18*  
Date





## South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com)

<http://nursingfacility.sd.gov>

### ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

**INSTRUCTIONS:** Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com). You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT: <i>Dan Guericke</i>	Name of Preceptor: <i>Chad Struckheim</i>
Training Dates Covered by this Report: FROM: <u>01</u> <u>01</u> <u>18</u> TO: <u>01</u> <u>31</u> <u>18</u> MM DD YY MM DD YY	
Name of Training Facility: <i>Aurora Brook Care + Rehab</i>	Training Facility Phone: <i>605-249-2216</i>
Training Facility Address: <i>408 S. Johnston St. White Lake, SD 57383</i>	Training Facility Email Address: <i>dan@midstatesd.net</i>
1. List assignments and departments with time spent in each (You may use additional paper if needed): <i>Ex. Laundry Service-8hrs: Participated in laundry sanitation and developed a process for clothing identification</i> <i>Spent 30 hrs with nursing staff. Began to develop an understanding of MOS. Dealt with staffing issues. Interviewed CNAs. Met with Dieting for 8 hrs, 19.4 with Maintenance for 8 hrs, social services 8 hrs and activities for 10 hrs.</i>	
2. Summary of learning experiences: <i>Will be devoting time to staff development and training. Will work to modify marketing strategies and strategic planning.</i>	

3. Statement of any problems that arouse during the training:

Staffing is an ongoing issue. Training is an ongoing issue.

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Will work to develop a staffing strategy. Will develop a continuous training program.

5. Visits outside the facility, educational conferences attended: 3 visits To Senior Citizen Center, 2 visit. To medical Clinics. 1 visit To hospital based service,

6. MONTHLY HOURS. Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF January 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 8	3 8	4 8	5 8	6
7	8 8	9 8	10 8	11 8	12 8	13
14	15 8	16 8	17 8	18 8	19 8	20
21	22 8	23 8	24 8	25 8	26 8	27
28	29 8	30 8	31 8			
						Total= 176 <sup>0</sup>

#### CERTIFICATION

##### ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the Board or any of its personnel.

Dennis M. Roberts  
Signature of Administrator-in-Training

2-26-18  
Date

##### PRECEPTOR

I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

Mr. St. Martin  
Signature of Preceptor

2/26/18  
Date



## South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com)

<http://nursingfacility.sd.gov>

### ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

**INSTRUCTIONS:** Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com). You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT: <i>Dan Guenicker</i>	Name of Preceptor: <i>Chad Straschein</i>
--------------------------------------	--

Training Dates Covered by this Report:

FROM: 02 01 18  
MM DD YY

TO: 02 28 18  
MM DD YY

Name of Training Facility: *Aurora Brook Care + Rehab*

Training Facility Phone:

*605-249-2216*

Training Facility Address:

*408 S. Johnston St.*

Training Facility Email Address:

*White Lake, SD 57383*

*dan@midstatesol.net*

1. List assignments and departments with time spent in each (You may use additional paper if needed):

Ex. Laundry Service-8hrs: Participated in laundry sanitation and developed a process for clothing identification

*Nursing 35 hours, Environmental 12 hours,  
Social Services 10 hours, Dietary 8 hrs, Activities 8hrs,  
Started to develop an understanding of OAPE  
and its applications to continuous improvement.*

2. Summary of learning experiences:

*Have hired an office manager to assist in  
financial and personnel record keeping. I will  
be taking on more responsibilities with personnel  
development and sup.*

3. Statement of any problems that arouse during the training:

lost several staff members. Have begun an active recruitment process.

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Have determined that quality is an area in which we will ~~continue~~ concentrate on. Need to define what we mean by quality and how we can measure it.

5. Visits outside the facility, educational conferences attended:

1 Senior Citizens Center, 2 hospital social service visit, 2 medical clinic visit.

6. MONTHLY HOURS. Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 8	2 8	3
4	5 8	6 8	7 8	8 8	9 8	10
11	12 8	13 8	14 8	15 8	16 8	17
18	19 8	20 8	21 8	22 8	23 8	24
25	26 8	27 8	28 8			
						Total=160

#### CERTIFICATION

##### ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the Board or any of its personnel.

David M. Zume

Signature of Administrator-in-Training

2-26-18

Date

##### PRECEPTOR

I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

John Smith

Signature of Preceptor

Date



## South Dakota Board of Nursing Facility Administrators

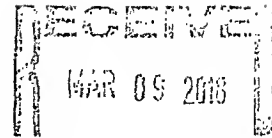
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### Administrator-In-Training Documentation of Completion Form

**INSTRUCTIONS:** This form is to be completed by the Preceptor and the Administrator-in-Training (AIT) once training has concluded. The Preceptor and AIT must sign this form and submit it to the Board office by emailing a copy to [SDNFA@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com). If you have not previously submitted the monthly reports, please attach those to this form before submitting it to the Board office.

#### 1. ADMINISTRATOR-IN-TRAINING Full Legal Name (Please Print or Type)

First Name:  Dan	Middle Name: Mark Maiden Name (if applicable):	Last Name and Suffix:  Guerrich
Address:  408 S. Johnston St	City:  White Lake	State:  SD
Email Address:  dan@midwestsd.net	Phone Number:  605-249-2216	Cell Number:  605-680-5558

#### 2. PRECEPTOR INFORMATION (Completed by Preceptor)

First Name  Chad	Middle Name and Maiden Name  Michael	Last Name and Suffix  Stroehlein
Facility Name:  Aurora Brule Care + Rehab	Facility Address:  408 S. Johnston St.	City/State/Zip:  White Lake, SD 57383

Training Site Name:  Aurora Brule Care + Rehab	Training Site Address:  408 S. Johnston St.	City/State/Zip:  White Lake, SD 57383
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Dates of AIT Program:	Number of Hours Completed:
FROM: <u>12</u> <u>26</u> <u>18</u> TO: <u>02</u> <u>28</u> <u>18</u> MM DD YY MM DD YY	368

Code	Subject Category	Hours Completed
10.00	<b>Domain 1. Customer Care, Supports, and Services</b>	
10.01	Establish care recipient service policies and procedures that comply with applicable federal and state laws, rules, and regulations.	8
10.02	Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.	8
10.03	Ensure the planning, development, implementation/execution, monitoring, and evaluation of admission/move in process, including preadmission/pre-move information, to promote a quality experience for care recipients.	8
10.04	Ensure the planning, development, implementation/execution, monitoring, and evaluation of discharge/move out process to promote a quality experience for care recipients.	4
10.05	Ensure the planning, development, implementation/execution, monitoring, and evaluation of programs to meet care recipients' psychosocial needs and preferences.	2
10.06	Ensure the planning, development, implementation/execution, monitoring, and evaluation of care recipients' activities/recreation to meet social needs and preferences.	2
10.07	Ensure the planning, development, implementation/execution, monitoring, and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.	4
10.08	Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.	4
10.09	Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.	4
10.10	Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services.	2
10.11	Ensure the planning, development, implementation/execution, monitoring, and evaluation of policies and procedures for responses to care recipient specific incidents, accidents, and/or emergencies.	8
10.12	Ensure the planning, development, implementation/execution, monitoring, and evaluation of housekeeping and laundry services for care recipients.	2
10.13	Ensure the planning, development, implementation/execution, monitoring, and evaluation of education intended for care recipients and their support networks.	4

Code	Subject Category	Hours Completed
10.14	Ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.	8
10.15	Ensure the planning, development, implementation/execution, monitoring, and evaluation of dining experience that meets the needs and preferences of care recipients.	4
10.16	Ensure care recipients' rights and individuality within all aspects of care.	4
10.17	Integrate support network's perspectives to maximize care recipients' quality of life and care.	8
10.18	Ensure transportation options are available for care recipients.	2
10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients.	8
<b>20.00</b>	<b>Domain 2. Human Resources</b>	
20.01	Ensure that human resource management policies and programs comply with federal and state rules and regulations.	2
20.02	Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.	2
20.03	Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.	2
20.04	Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.	2
20.05	Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.	2
20.06	Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.	2
20.07	Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.	2
20.08	Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.	2
20.09	Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.	2
20.10	Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.	2
20.11	Promote a safe work environment (such as safety training and employee risk management).	2
20.12	Promote a positive work environment (using techniques such as conflict resolution, diversity training, staff recognition programs).	2
20.13	Facilitate effective written, oral, and electronic communication among management and employees.	2
20.14	Ensure employee records and documentation systems are developed and maintained.	2

Code	Subject Category	Hours Completed
20.15	Establish a culture that encourages employees to embrace care recipients' rights.	2
<b>30.00</b>	<b>Domain 3. Finance</b>	
30.01	Ensure that financial management policies, procedures, and practices comply with applicable federal and state rules and regulations.	20
30.02	Develop, implement, and evaluate the service provider's budget.	2
30.03	Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.	4
30.04	Negotiate, interpret, and implement contractual agreements to optimize financial viability.	2
30.05	Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).	4
30.06	Monitor and evaluate the integrity of financial reporting systems and audit programs.	4
30.07	Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management).	8
30.08	Monitor and comply with financing obligations (such as debt service, mortgage covenants).	8
30.09	Develop, implement, monitor, and evaluate systems to improve financial performance.	8
30.10	Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios).	8
30.11	Monitor and address changes in the industry that may affect financial viability.	8
<b>40.00</b>	<b>Domain 4. Environment</b>	
40.01	Ensure that physical environment policies and practices comply with applicable federal, state, and local laws, rules, and regulations.	6
40.02	Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.	6
40.03	Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.	18
40.04	Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.	4
40.05	Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry.	4
40.06	Ensure the planning, development, implementation, monitoring, and evaluation of maintenance services for property, plant and all equipment, including preventative maintenance.	4



Code	Subject Category	Hours Completed
40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.	2
40.08	Establish, maintain, and monitor a physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.	4
40.09	Identify opportunities to enhance the physical environment to meet changing market demands.	4
40.10	Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.	4
40.11	Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification.	2
<b>50.00</b>	<b>Domain 5. Management and Leadership</b>	
50.01	Ensure compliance with applicable federal and state laws, rules, and regulations.	8
50.02	Promote ethical practice throughout the organization.	6
50.03	Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.	4
50.04	Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders.	4
50.05	Develop, implement, and evaluate the strategic plan with governing body's endorsement.	4
50.06	Promote and monitor satisfaction of the care recipients and their support networks.	8
50.07	Identify, foster, and maintain positive relationships with key stakeholders.	8
50.08	Educate stakeholders on services provided, regulatory requirements, and standards of care.	8
50.09	Solicit information from appropriate stakeholders for use in decision making.	4
50.10	Manage the service provider's role throughout any survey/inspection process.	2
50.11	Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.	4
50.12	Identify and respond to areas of potential legal liability.	4
50.13	Implement, monitor, and evaluate information management and technology systems to support service providers' operations.	4
50.14	Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.	4
50.15	Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.	4
50.16	Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.	8
50.17	Lead organizational change initiatives.	4

Code	Subject Category	Hours Completed
50.18	Facilitate effective internal and external communication strategies.	8
50.19	Promote professional development of all team members.	8
<b>TOTAL HOURS (total must exceed 240 hours):</b>		<i>368</i>

### 3. PRECEPTOR'S EVALUATION

**Instructions:** This section is to be completed by the Preceptor only. Evaluate the above-named Administrator-in-Training's abilities. Use a separate sheet if necessary.

Good knowledge on growing + leading employees.

Will take time and he will get better grasp of industry.

Hard worker w/ initiative to step in whenever help is needed. This trait will go a long ways in the leadership at his facility.

Do you recommend that the Applicant's period as an administrator-in-training be approved by the Board as meeting the requirements for licensure?

☒ Yes    ☐ No    If "No", please explain, identify areas of weakness, and attach relevant documentation.

**AFFIDAVIT**

**ADMINISTRATOR-IN-TRAINING**

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request, by the Board or any of its personnel.

3-8-2018

Date

Daniel M. Zupanic

Signature of Administrator-in-Training

**PRECEPTOR**

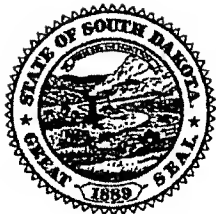
I hereby certify that this Report is correct and the information as indicated in the departments/areas listed was under my personal supervision in the practice of nursing home administration.

2/28/2018

Date

Mr. Stuchin

Signature of Preceptor



## South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: [SDNFA@midwestsolutionsd.com](mailto:SDNFA@midwestsolutionsd.com)

[doh.sd.gov/boards/nursingfacility](http://doh.sd.gov/boards/nursingfacility)

### Preceptor and Administrator-In-Training Agreement

**INSTRUCTIONS:** Please submit to the Board office an application for licensure with the required fee and a completed and signed Preceptor and AIT Agreement before beginning your AIT training.

A maximum of 40 hours per week may be credited toward completion of the AIT program.

#### **AIT Information (Please print or type)**

First Name: Daniel	Middle Name: Mark Maiden Name (if applicable):	Last Name: Guericke
Mailing Address: PO Box 44	City: White Lake	State / Zip Code: 57383
E-Mail Address: dmguericke@gmail.com		
Work Phone: (605) 249-2216	Home Phone: (605) 249-2282	Mobile Phone: (605) 680-5558
Training Facility Name: Aurora Brule Care and Rehab Training Facility Address: 408 South Johnston Street White Lake, SD 57383	Type of Facility: Nursing Home Training Facility Email Address: abnh@midstatesd.net Training Facility Phone: (605) 249-2216	

#### **Preceptor Information (Please print or type)**

First Name: Chad	Middle Name: Michael Maiden Name (if applicable):	Last Name: Stroschein
Mailing Address: 24437 474th Ave	City: Dell Rapids	State / Zip Code: 57022
E-Mail Address: chad@caringprofessionals.org		License Number: 00522
Work Phone: (605) 670-9855	Home Phone: (605) 428-3633	Mobile Phone: (605) 670-9855
Beginning Date of AIT Program: 12/26/2017  Estimated End Date of AIT Program: 02/28/2018	<p>1. I have completed the <i>free</i> online NAB-ACHCA Preceptor Training Course. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. If yes, do you believe this course provided relevant and useful information regarding your role as a preceptor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Board strongly recommends that all preceptors take the online NAB-ACHCA Preceptor Training Course, which includes four 1.25 hour modules. This course is free, available online and you are eligible for continuing education hours for completing each module. This course can be accessed at <a href="https://nab.academy.reliaslearning.com/">https://nab.academy.reliaslearning.com/</a>.</p>	

As the preceptor and AIT named herein, we fully understand our responsibilities as stated in the South Dakota Board of Nursing Facility Administrators regulations. We agree to inform the Board immediately if there is a change in this agreement.

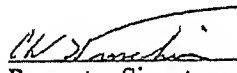
As a preceptor, I agree to guide the Administrator-In-Training through the program as outlined in the following manual (*please check one*):

- ☒ National Association of Boards of Examiners for long Term Care Administrators (NAB) Administrator-In-Training (AIT) Program Manual (*2015 version*). I agree to complete the required reports using the forms approved by the Board and found on the Board's website; or
- ☐ Good Samaritan Society Administrative Internship Program Workbook (*2013 manual*). I agree to complete the required training and reports using the Internship Program Workbook. I will submit these forms to the Board upon completion of the program.

As an AIT, I understand that if an AIT program is required for licensure, my application will not be processed until all completed forms have been received by the Board with the appropriate signatures (*typed signatures will not be accepted*).

  
Administrator-In-Training Signature

12-21-2017  
Date

  
Preceptor Signature

12/21/2017  
Date